

TOM SCHEDLER
SECRETARY OF STATE

STATE OF LOUISIANA
SECRETARY OF STATE



Notary Division
(225) 925-4704

Fax Numbers
(225) 932-5359 Notary

TRANSMITTAL INFORMATION
For All Notary Filings

Name of person filing document

Address

City

State

Zip Code

Daytime phone number

Fax number

Email address

Mailing Address: P. O. Box 94125, Baton Rouge, LA * 70804-9125
Office Location: 8585 Archives Ave., Baton Rouge, LA * 70809
Web Site Address: www.sos.la.gov



Tom Schedler
Secretary of State

COMPLAINT ALLEGING UNAUTHORIZED EXERCISE OF NOTARIAL POWERS

La. R.S. 35:601 *et seq.*

RETURN COMPLETED FORM TO:

Secretary of State Notary Division,
P.O. Box 94125
Baton Rouge, LA 70804

Parish of _____

Before me, the undersigned authority came and appeared the undersigned complainant, who in accordance with the provisions of La. R.S. 35:603, and being duly sworn, did depose and say that

_____ is in violation of the
Printed name of subject of complaint **Notary ID# if known**

following provision(s) of La. R.S. 601 *et seq.* (UNAUTHORIZED EXERCISE OF NOTARIAL POWERS)

Violation(s): check all that apply

- ☐ Commission or authority to exercise notary function is statutorily or judicially suspended.
- ☐ Commission or authority to exercise notary function is statutorily or administratively revoked.
- ☐ No longer validly commissioned.
- ☐ Commission in retirement status under provisions of R.S.35:202(G)
- ☐ No longer validly possessed of the office or position from which authority to exercise notarial functions were derived.
- ☐ Convicted of a felony and has not been pardoned.
- ☐ Not authorized by law to exercise that particular notarial function.
- ☐ Engaged in dishonesty, fraud, deceit, or misrepresentation.
- ☐ Certified as true what he knows or should have known to be false.
- ☐ Violated any provision of any law governing the office of notary or the exercise of notary authority.
- ☐ Abandoned his commission.
- ☐ Failed to pay over money entrusted to him in his official capacity as a notary public.
- ☐ Failed to satisfy any final judgment rendered against him in his official capacity as a notary public.
- ☐ Not authorized to exercise notarial powers.

Complainant's statement to include details of violation(s), its nature, the dates, time(s), address(es) where violation(s) occurred and address of subject of the complaint. (attach additional page(s) if necessary):

Complainant name: _____ **Phone:** _____

Complainant address: _____ **City, State, Zip:** _____

Signature of Complainant

Sworn to and subscribed before me this ____ day of _____, 20__

Signature of notary

Printed name of notary

La. Notary ID#